



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. 147734		2. Exact name of the limited liability company Austen Sharp LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island PUBLISHING, EVENTS PROMOTION, EDUCATION	
5. Principal office address 46 Thelma Irene Drive		City North Kingstown	State RI
		Zip 02852	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name ELEYNE AUSTEN SHARP		Contact Title Owner	
Street Address P.O. Box 12		City Newport	State RI
		Zip 02840	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS (*X SOMEON ATTACHMENT) ☐			
Manager Name ELEYNE AUSTEN SHARP		Manager Name	
Street Address 46 Thelma Irene Drive		Street Address	
City North Kingstown	State RI	City	State
Zip 02852		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name ELEYNE AUSTEN SHARP		Address	
Address 46 THELMA IRENE DRIVE		City NORTH KINGSTOWN	Zip 02852

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

FILED

File Date **NOV 01 2007**

Check No. **1084**

By: **ELEYNE AUSTEN SHARP**

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements, contained herein are true and correct.

ELEYNE AUSTEN SHARP 10/30/07
Signature of Authorized Person Date

ELEYNE AUSTEN SHARP
Print or Type Name of Authorized Person